

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35416

Entity Name: F.E.A.S.T., INC.

**Current Principal Place of Business:**

2255 NEBRASKA AVE.  
PALM HARBOR, FL 34683

**Current Mailing Address:**

P.O. BOX 2154  
PALM HARBOR, FL 34682 US

FEI Number: 59-2981961

Certificate of Status Desired: Yes

**Name and Address of Current Registered Agent:**

ANDERSON, WALTER A  
2336 MALCOLM  
PALM HARBOR, FL 34684 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name ANDERSON, WALTER ARTHUR  
Address 2336 MALCOLM DRIVE  
City-State-Zip: PALM HARBOR FL 34684

Title VPD  
Name MORRIS, JUDY  
Address 3377 CRESCENT OAKS BLVD  
City-State-Zip: TARPON SPRINGS FL 34688

Title TREASURER  
Name VACQUES, FAITH  
Address 1779 OWEN DRUVE  
City-State-Zip: PALM HARBOR FL 33759

Title SECRETARY  
Name CORNETT, SUSAN  
Address 3131 TEAL TERRITORY  
City-State-Zip: SAFETY HARBOR FL 34695

Title BOARD MEMBER  
Name HENNINGSEN, CINDY  
Address 719 SAMANTHA DR  
City-State-Zip: PALM HARBOR FL 34683

Title BOARD MEMBER  
Name LAIRD, KARON  
Address 2208 CIMARRON TERR  
City-State-Zip: PALM HARBOR FL 34684

Title BOARD MEMBER  
Name ROBERTS, DELAINE  
Address 862 CHRISTINA CIRCLE  
City-State-Zip: OLDSMAR FL 34677

Title DIRECTOR  
Name EVERS, RONALD  
Address P.O. BOX 2154  
City-State-Zip: PALM HARBOR FL 34682

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: WALTER ARTHUR ANDERSON

PD

03/29/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR

Name BLACK, TAMARA

Address P.O. BOX 2154

City-State-Zip: PALM HARBOR FL 34682